|   | 4.6  | •   | •                 |                    |                                 |                                    |    |                   |                        |     | cket Num                   |                        |
|---|--|---|-------------------|--------------------|---------------------------------|------------------------------------|----|-------------------|------------------------|-----|----------------------------|------------------------|
|   | PÂTENT A                                       | PPLICATIO<br>Effect   | N FEE DE          |                    |                                 | N RECOI                            | RD |                   | 144                    | 8   | .101.5                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                          |  |   |                   |                    |                                 |                                    |    | SMALL ENTITY TYPE |                        |     | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | 15                |                    |                                 |                                    | I  | RATE              | FEE                    |     | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED      |                    | NUMBI                           | ER EXTRA                           |    | BASIC FEE         | 355.00                 | OR  | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | /5 minus 20=      |                    | • •                             |                                    |    | . X\$ 9=          |                        | OR  | X\$18=                     |                        |
| NDEPENDENT CLAIMS   |  |   | 3 minus 3 =       |                    | ٠                               | Ø                                  |    | X40=              |                        | OR  | X80=                       |                        |
| AU  | LTIPLE DEPEN                                   | DENT CLAIM PI   | RESENT            |                    |                                 |                                    |    | +135=             |                        | OR  | +270=                      |                        |
| 'If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                   |                    |                                 |                                    |    | TOTAL             |                        | OR  | TOTAL                      | טור                    |
| 12/0/0/ CLAIMS AS AMENDED - PART II                                     |  |   |                   |                    |                                 |                                    |    |                   |                        |     | OTHER                      |                        |
| 1   | 0111   | (Column 1)  |                   | (Colu              | mn 2)                           | (Column 3)                         |    | SMALL             | ENTITY                 | OR  | SMALL                      | NTITY                  |
| AMENUMENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                   |                   | PREV               | HEST<br>HBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                   |    | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 15  | Minus             | • •                | 20                              | 0                                  |    | X\$ 9=            |                        | OR  | X\$18=                     |                        |
|   | Independent                                    | . 3   | Minus             | ***                | 3                               | · 0                                |    | X40=              |                        | OR  | X80=                       |                        |
|   |  | NTATION OF MI   |                   |                    |                                 |                                    |    | +135=             |                        | OR  | +270=                      |                        |
| BEST AVAILABLE COPY   |  |   |                   |                    |                                 |                                    | I  | YOTAL             |                        | OR  | TOTAL                      | VZ                     |
| 3   | 151  |   |                   |                    |                                 | (C-h 2)                            |    | ADDIT. FEE        | <u> </u>               | jon | ADDIT. FEE                 |                        |
| 2   |  | (Column 1)<br>CLAIMS  | 1 W 10            | HIG                | imn 2)<br>HEST                  | (Column 3)                         | lı |                   | ADDI-                  | 1   |                            | ADDI-                  |
| CALO  |  | REMAINING<br>AFTER<br>AMENDMENT                             | S                 | PREV               | MBER<br>HOUSLY<br>FOR           | PRESENT<br>EXTRA                   |    | RATE              | TIONAL<br>FEE          |     | RATE                       | TIONAL<br>FEE          |
| AMENOMENT B   | Total  | . 12  | Minus             | .52                | <u>U</u>                        | -0                                 |    | X\$ 9=            |                        | OR  | X\$18=                     |                        |
|   | Independent                                    | • 3   | Minus             | •••                | 3                               | = ( /                              |    | X40=              |                        | OR  | X80=_                      |                        |
|   | FIRST PRESE                                    | NTATION OF M  | ULTIPLE DEF       | PENDEN             | CLAIM                           |                                    | J  | +135=             |                        | OR  | +270=                      |                        |
|   |  |   |                   |                    |                                 |                                    |    | TOTAL             |                        | OR  | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)  |                   | (Colu              | ımn 2)                          | (Column 3)                         |    | :                 |                        |     |                            |                        |
| SE  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                   |                   | HIG<br>NUI<br>PREV | HEST<br>MBER<br>NOUSLY<br>D.FOR | PRESENT<br>EXTRA                   |    | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | ••                 |                                 | •                                  | 1  | X\$ 9=            |                        | OR  | X\$18=                     | 7                      |
| <b>AMENDMENT</b> C  | indspendent                                    | •   | Minus             | ***                |                                 | =                                  |    | X40=              | 75                     | OR  | X80=                       |                        |
| ₹   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                    |                                 |                                    |    | +135=             |                        | OR  | 979                        |                        |
| •   | if the entry in coh                            | mn 1 is less then   | the entry in colu | ımın 2, wr         | ite 10° in oa                   | ntumn 3.                           |    | YOYAL             | -                      | OR  |                            | -                      |
|   | If the "Highest Nu                             | mber Previously F<br>mber Previously F<br>mber Previously P | eid For IN TH     | IS SPACE           | : 15 1638 UN<br>: le toes th    | in 20, enter 20<br>an 3 Anter 33." |    | ADDIT. FEE        |                        | •   | ADDIT. FEE                 |                        |